

VOLUNTEER ADVOCACY SERVICES ANNUAL REPORT

July 2018 – June 2019



State Council on Developmental Disabilities

**State Developmental Center Volunteer Advocacy Services
Annual Report
July 1, 2018 – June 30, 2019**

I. Introduction

This report is respectfully submitted and presents information about volunteer advocate recruitment, training, demographics, and stipends as well as an overview of the advocacy services provided from July 1, 2018 to June 30, 2019.

The unique characteristic of each center and facility is reflected in the information, observations and recommendations submitted by each office.

**State Council on Developmental Disabilities
Volunteer Advocacy Services Executive Summary Graph
Annual Report
July 1, 2018 – June 30, 2019**

	Canyon Springs	Fairview	Porterville	Sonoma	Total
Grievances	0	0	0	0	0
Total Residents as of 06/30/2019	46	47	259	0	352
Number of Residents Referred for Services	39	41	93	73	246
Number of Residents Provided Services	39	41	93	73	246
# of Residents Served by Volunteer Advocates	31	26	93	71	221
Average # of Contacts Per Month by Volunteers with Each Resident Served	3-4	2-3	3-6	2	2-6
Average # of Individual Related Meetings Attended Per Month	8	5.5	15	1	7.3
# of Residents Served by the Coordinator	8	15	8	2	33

	Canyon Springs	Fairview	Porterville	Sonoma	Total
Average # of Contacts Per Month by the Coordinator with Each Resident Served	6-7	1-3	1-3	2	1-7
Average # of Individual Related Meetings Attended per month	14	7	6	1	7
# of Self-Advocacy Groups Facilitated by the Coordinators and Volunteers	2	2	4	2	10
# of Volunteer Advocates	14	3	5	5	27
# of Volunteer Advocate Training Sessions	18	3	6	4	31
# of Volunteer Advocates Trained	15	3	5	5	28
# of Volunteers Paid Stipends	15	3	5	5	28

Nature, Status and Outcome of Complaints Filed Under the SCDD Grievance Procedure

Developmental Center	Nature of Complaint	Status of Complaint	Outcome of Complaint
Canyon Springs	None		
Fairview	None		
Porterville	None		
Sonoma	None		

II. Residents

Residents Referred and Provided Services

Developmental Center	Total Residents as of 6/30/2018	Number Referred for Services	Number of Residents Provided Services
<i>Canyon Springs</i>	46	39	39
<i>Fairview</i>	47	41	41
<i>Porterville</i>	259	93	93
<i>Sonoma</i>	0	73	73

Residents Referred for Services

Developmental Center	Males	Females	Intellectual/developmental disability	Cerebral Palsy	Autism	Epilepsy	Other	Forensic
<i>Canyon Springs</i>	33	6	39	2	2	2		29
<i>Fairview</i>	26	15	41					
<i>Porterville</i>	83	10	53	1	4	4		31
<i>Sonoma</i>	49	24	73					

*In order to report an unduplicated count, if a resident is in the forensic program, identify him/her under gender and forensic only.

Residents Provided Services

Developmental Center	Males	Females	Intellectual Disability	Cerebral Palsy	Autism	Epilepsy	Other	Forensic
<i>Canyon Springs</i>	33	6		1	4	2		29
<i>Fairview</i>	26	15	41					
<i>Porterville</i>	83	10	53	1	4	4		31
<i>Sonoma</i>	49	24	73					

* If a resident is in the forensic program, he/she are identified under gender and forensic only.

III. Services

Developmental Center	# of Residents Served by	Average # of Contacts Per Month by Volunteers with Each Resident Served	Average # of Individual Related
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	Volunteer Advocates*		Meetings attended per month
<i>Canyon Springs</i>	31	3-4	8
<i>Fairview</i>	26	2-3	5.5
<i>Porterville</i>	93	3-6	15
<i>Sonoma</i>	71	2	1

* In some instances, a resident might be served by both a volunteer and staff, depending upon their needs.

ADVOCACY ASSISTANCE PROVIDED BY VOLUNTEERS

Provide a summary of the types of advocacy assistance provided by volunteers to residents, and a description of any barriers there are to increase the number of volunteer advocates.

Canyon Springs

Advocates attended 64 IPP's and/or IPP reviews. Advocates participated in 34 community transition activities. These activities include; visits to community care facilities, day/work programs, meet and greets, Transition Planning Meetings, Special meetings and Transition Review Meetings.

Advocates spend at least three hours a month per resident that are assigned to the advocate. These hours include but are not limited to IPP meetings, playing skill building games, assisting with improving communication skills, promoting self-advocacy, assisting with staff to improving VAS consumers' money management skills, and friendly visits with the resident. Advocates accompany residents around the CS campus including the courtyards and pool area. Advocates participate in celebrations and holiday events with residents. Advocates participate in Zero Tolerance to Violence parties every month with residents.

Advocates provide weekly support to their assigned residents. The visits focus on how the individual resident's week has been and if there have been any issues or frustration. Some Advocates will role-play different scenarios to help the resident practice possible alternative solutions to situations of identified concerns. The Advocates identify staff or other resources that residents can contact to resolve issues or meet wishes. Advocates assist with preparation for residents' Individual Program Planning (IPP) meetings, Meet & Greets, Transition Planning Meetings (TPM's), Transition Review Meetings (TRM's) and Special Meetings. Advocates attend as many meetings as possible for their assigned residents but sometimes ask another volunteer, or the VAS Coordinator, to provide coverage if they have a conflicting schedule. Advocates often address quality of life issues, such as: advocating for appropriate placement, resolving conflicts with peers, ensuring that residents are

appropriately attired, and concerns with medication side effects, etc. All Advocates document notes regarding their advocacy assistance efforts.

Advocates, as well as VASC continue to provide advocacy services, for one year after a resident is placed in the community at various intervals as required. The visits include but are not limited to face to face visits at the following intervals: at the fifth day living at the home, the 30-day IPP meeting, the 60-day IPP meeting in some cases, the 90-day meeting, the 6 month meeting, a 9 month visit, and the one year IPP meeting with their consumer. Advocates stay in contact with the consumer or the facility staff by phone during the months when no meetings are held. These community meetings are usually held at the home or at the day services. An advocate is also required to complete documentation of their visits on several different forms developed for community follow up for all VAS residents.

The Advocates or VAS Coordinator made sixty-two visits/contacts, or IPP review meetings with VAS residents living in the community.

The Advocates utilize individualized approaches to communicate with each of their residents depending on the current need of the resident. When working with residents who are learning to be self-advocates, the volunteer uses more of a teaching model, encouraging the residents to speak up for themselves. When working with a resident who has not been successfully heard by staff, the volunteer makes requests through various team members and/or will follow up with the VAS Coordinator or CRA for assistance. Some examples include:

- An Advocate created a gardening program by assisting residents to request weekly gardening lessons.
- An Advocate, in collaboration with the social worker; developed a scrapbooking project for a resident with autism; creating an opportunity for the resident to work on behaviors and develop his interests in a supportive environment.
- Advocates have contacted Unit Supervisor for assistance with meeting residents in the community for lunch outings. As a result, several VAS consumers have had a special meal for their birthday or other occasion with their Advocate.
- An Advocate called the unit and requested they bring her resident to the great hall for a visit. The advocate knew the resident had requested to be referred to as his middle name. The staff was not aware of his name and declined to bring the resident. VAS Coordinator requested an IPP review with the Executive Director as the IPP indicated that he preferred to be called by his middle name. Staff not only did not know his middle name, but they were calling him a wrong

first name. It is written in the IPP that the resident prefers to be called by his middle name.

- Residents requested to attend a professional baseball game. An Advocate provided a flyer and information from a local non-profit entity. CS Executive Director purchased tickets for the eight residents to attend.
- A resident was experiencing anxiety regarding his impending return to community living. The resident's Advocate has been meeting with him regularly and providing him with information and insight on what is available to him in the community. The resident was relieved to know that advocacy services would continue once he is placed in the community.

Two residents requested a Spanish-speaking Advocate so they could keep their language skills and feel closer to their culture.

- Advocates identify issues of concern that might need to be brought to the CRA's attention.
- The VAS project continues providing advocacy services after a VAS consumer transitions to the community for one year.
- Advocate duties require that they have an extremely flexible schedule as they need to be available for scheduled and special meetings with the consumer. Potential Advocates need to have a broad understanding of the range of needs of persons with developmental disabilities, knowledge of the Lanterman Act and what services are available to consumers within the State of California.
- VASC requires new Advocates to have a strong interest in serving the resident they are matched with. Advocates need to be a person that can keep boundaries, has keen observation skills, and most importantly, an empathetic personality capable of consistent praise and encouraging residents to self-advocate.

Fairview

During the first half of FY 2018-19, four VAS consumers returned to their home communities. Three consumers moved into negotiated rate/specialized homes and attend day programs in the community. One consumer moved into an adult residential facility for persons with special health care needs (ARFPSHN) with programming provided in-house. In the ARFPSHN, many of the medical services are also provided at the home. These consumers have transitioned successfully to both their living and training programs in the community and continue to be followed by both the VAS Coordinator and their Volunteer Advocates. In addition to the consumers who moved

from FDC, our project began providing community monitoring to four consumers who moved from PDC into our catchment area during the first half of the fiscal year. One moved into an ARFPSHN and the other three moved into specialized homes. Five cases were closed at the conclusion of this reporting period as the consumers had been living in the community for one year.

During the second half of FY 2018-19, an additional nine VAS consumers were able to move into the community and three were transferred in from PDC. For the FDC consumers, seven were placed in an ARFPSHN, one consumer was placed with Family Teaching Home and one consumer was placed in a L4I home. For the PDC consumers, one who was a direct discharge, was placed in a Supported Living Services setting, one in an ARFPSHN and one in a negotiated rate home. The consumers placed into ARFPSHN homes including the one transfer from Porterville, will be scheduled to receive in home Day Program Services. These consumers have transitioned successfully to both their living and training programs in the community and continue to be followed by both the VAS Coordinator and their Volunteer Advocates. Ten cases have been closed at the conclusion of this reporting period as the consumers had been living in the community for one year.

Currently there are eleven additional FDC VAS consumers in some stage of transition to the community. However, there are four consumers who still have not had a successful Meet & Greet at this time.

Advocates continue to visit with consumers several times per month at Fairview and usually attend any meetings scheduled for the consumer. The various types of meetings they attend include annual individual program plan meetings (IPPs), special conferences and several types of placement planning meetings, from the Meet & Greet, the Transition Planning meeting, Transition Meeting updates and the Transition Review meeting.

Advocates continue to visit and follow up with consumers once they move into the community at various intervals as required. These visits include face to face visits at the following intervals: at the fifth day living at the home, the 30-day IPP meeting, the 60-day IPP meeting in some cases, the 90-day meeting, the six-month meeting, a 9 month visit and the one-year IPP meeting with their consumer. The Advocates follow the consumer for one year after leaving Fairview and stay in contact with them or the facility staff by phone during the months when no meetings are held. These community meetings are usually held at the home or at the day services programs which the volunteer advocates have enjoyed visiting and participating in. Advocates are also required to complete documentation of their visits on several different forms developed for community follow up for all VAS consumers.

- The Advocate successfully advocated for a consumer to be able to go to trust any day of the week. Now the consumer is taken at least once per week on a community outing.
- Advocate successfully advocated for a computer for a consumer that was moving into the community.
- During a 30-day meeting the Advocate successfully advocated for the purchase of mouth guard to help the consumer prevent from grinding his teeth.
- The Advocate suggested consistency for consumer's beverage schedule, which resulted in the consumer having a routine and exhibiting less behaviors.
- The Advocate recommended an inventory system for her consumer so that his belongings could be better monitored. Also, the Advocate suggested he spend more time in the living room.
- Advocate suggested that a VAS consumer have an organ when he is in his future home as it was an activity he enjoyed doing with his family.
- Advocate followed up on a pending request for a new wheelchair recommendation. The staff reported that the wheel chair has been ordered and is pending delivery.
- Advocate advocated for her consumer to be safe with his abdominal binder, regarding his "mickey" button (G.T.) while removing his adult briefs (diaper). She also requested to be allowed to take him on wheelchair walks on some weekends which was accommodated.
- Advocate provided a link between staff that knew a consumer for most of her Fairview years and new community staff with ideas that worked well to build rapport with the individual. The consumer had a fluid transition and is doing well in the community.
- Advocate requested that before the consumer moved into the community, a work program must be in place. The provider collaborated with a Day Program to meet with the consumer. However; the Volunteer Advocate informed the residential provider the day program would not meet consumer's needs as it was not a work/paid program. Another program which is a work/paid program was identified before consumer moved into the home.
- Advocate expressed concern about one of her consumers whose dentist recommended extraction of teeth. The Advocate requested alternate treatment to be provided to save her teeth in order to maintain her quality of life.

- Advocate has been working to increase familiarization with client's family, specifically stepmother as client will be transitioning into the community and she wants to visit with him. Advocate has been attempting to communicate with the stepmother in order to get updated photographs to add to client's photobook for him to gaze at which is his preferred activity.
- Advocate stressed the importance of opportunities for her client who is blind and nonverbal to go on walks when placed in the community. Her recommendation was honored, and the client now initiates going on walks around the block and in his back yard.
- One of the Advocates takes her consumer on walks and recommends the consumer to use a walker due to limited vision. This will help facilitate mobility when care givers are assisting client on walks and to be cautious as the consumer tends to move fast.
- A consumer's father noticed improvement in his daughter's behavior with regular visits from her Advocate and his daughter looking forward to those visits.
- Advocate provided a link between FDC staff that knew a consumer for most of his Fairview years and new community staff with ideas that worked well to build rapport with this client. He is doing well in the community.
- Two Advocates have participated in an Individual Health Care Planning meeting for their consumers that a regional center has been conducting. This has been in addition to participating in IPP's/TPMs/TMs/TRMs.
- An Advocate attended a birthday party and had the opportunity to meet with the consumer's family members thereby increasing the connection of the family and the client.
- An Advocate has been making requests through various team members and/or has followed up with the VAS Coordinator because the resident is not able to advocate for himself and the Advocate has not had success advocating for him.
- When a consumer became anxious about moving into the community her Advocate discussed the move and helped her through the process.
- An Advocate has been attending 60-day meetings in addition to all the quarterly meetings for her client. The client has been having difficulty due to health issues and hospitalizations.

- A VAS client has been in the community for 90 days. During this time the client has had some behavioral issues. The Advocate provided the home staff some notes on how to recognize the antecedents that may cause the client to become more emotional and lead to behavioral issues.
- A client was in the hospital due to pneumonia and their Advocate suggested to the home that they provide 1:1 staff while at the hospital. The Advocate was successful with this request.
- A consumer was hospitalized, and the Advocate visited him to ensure his needs are met and provided for emotional support.
- A computer that went with a client before leaving FDC was not working. The Advocate has been working on ways to get the computer fixed.
- An Advocate has been advocating for her client to have a phone installed in her apartment. The home is looking into it.
- An Advocate has been advocating for her client to have cataract surgery before moving into the community. The team agreed with the advocate.
- During a TM, the Advocate requested FDC find out if her client owns the wheelchair she is currently using. If not, she requested that the process to secure a new one be started before leaving FDC.
- An Advocate has been advocating for her client to have more community outings. Advocate did see an improvement in outings for the month of April and May 2019.
- One of the Advocates has assisted a parent in opening a CalABLE account for her son who has been living in the community as he had received a large sum of money.

Porterville

VAS Coordinator and Advocates attended 155 Annual IPP's, IPP reviews, and/or community transition meetings. These activities included; visits to community care facilities, day/work programs, meet and greets, Transition Planning Meetings, Annual Individual Program Plans, Special Meetings and Transition Review Meetings. In this reporting period twenty-one VAS clients were placed in the community. Two were directly discharged with one of this individual's continuing to receive VAS services in

the community. One client was transferred to Canyon Springs facility and there was one death.

Advocates spend at least three hours a month per client that are assigned to the Advocate. These hours include but are not limited to meetings (IPP's etc.) for the client, playing skill building games, assisting with improving communication skills, promoting self-advocacy, increasing their money management skills, and visits with the client. Advocates accompany clients around the PDC campus (both STA and GTA). Advocates participate in unit celebrations and holiday events with clients.

Volunteer Advocates provide weekly support to their assigned clients. Visits focus on how the individual client's week has been and if there have been any issues causing frustration. Some Advocates will role-play different scenarios to help the client practice possible alternative solutions to situations of identified concerns. The Advocates identify staff or other resources that clients can contact to resolve issues or meet their needs. Advocates assist with preparation for clients' Individual Program Planning (IPP) meetings, Meet & Greets, Transition Planning Meetings (TPM's), Transition Review Meetings (TRM's) and Special Meetings. Advocates attend as many meetings as possible for their assigned clients but sometimes ask the VAS Coordinator to provide coverage if they have a conflicting schedule. Advocates often address quality of life issues, such as: advocacy for appropriate placement, resolving conflicts with peers, ensuring that clients are appropriately attired, and concerns with medication side effects, etc. All Advocates document notes regarding their advocacy assistance efforts.

Porterville has two Advocates (as well as the VAS Coordinator) that continue to provide advocacy services after a VAS client transitions to the community. This service is provided for at least one year, at various intervals as required. These visits include but are not limited to face to face visits at the following intervals: at the fifth day living at the home, the 30-day IPP meeting, the 60-day IPP meeting, the 90-day meeting, the 6 month meeting, nine month face to face visit, and the one year IPP meeting with their client. The Advocate stays in contact with the client or the facility staff by phone during the months when no meetings are held. These community meetings are usually held at the home or at the day services programs. Advocates are also required to complete documentation of their visits on several different forms developed for community follow up for all VAS clients.

Advocates utilize individualized approaches to communicate with each of their clients depending on the current need of the client. When working with clients who are learning to be self-advocates; Advocates use more of a teaching model, encouraging clients to speak up for themselves. When working with a client who is unable to advocate for themselves or has not had success advocating for themselves, the Advocate makes requests through various team members and/or will follow up with the VAS Coordinator or CRA for assistance. Some examples include:

- PDC admitted seventeen residents (Alpine Homes and Elgin Homes) in November/December 2018 displaced by the Camp Fire. All residents were admitted to their Skilled Nursing Facilities Program. VAS Coordinator contacted both Far Northern Regional Center and the parents/conservators of the displaced residents and began providing VAS services for ten of these residents during their stay at PDC. Eight of the Alpine Homes residents returned to their facilities in February and two individuals were provided with cross training and moved to a new ARFPSHN residence in Redding. The remaining Elgin Homes residents returned to their facility in June 2019. The VAS Coordinator made a face to face follow up with the Elgin home and the residents have all settled back into their homelife well.
- An Advocate noted that their client that was approaching his annual IPP meeting, still had not been seen by the dentist and his gums were red and swollen. He has had several serious medical issues that have interfered with his ability to receive needed sedation for the dental procedures. The VAS Coordinator and CRA/VAS Project Director agreed that VAS services should continue providing advocacy services beyond the 1-year community follow up until he can be seen by the dentist. He has an appointment scheduled in July.
- A client was struggling with the changes in work sites in the General Treatment Area. The client and Advocate met with the Program Director to identify employment that would better meet the needs of the client.
- Several clients have been hospitalized throughout the year in community hospitals. The Advocates continue to provide services visiting and assisting with self-advocacy in the hospital.
- A client wished to participate in the talent show in the General Treatment Area but was too fearful. The Advocate worked with them for several months and then attended the Talent Show to cheer the client on.
- A client requested a Spanish-speaking advocate so that he could increase his language skills to better communicate with his family. He was provided with this service and is thrilled with the progress he is making.
- Two clients that are hearing impaired requested an advocate who would play games that utilize ASL to help them increase their vocabulary. The VAS Coordinator and Advocate met with their Recreational Therapist (who is also hearing impaired) to gather suggestions and materials. Both clients continue to enjoy the games and have showed improvement in their ASL skills. This Advocate

has continued to provide services for these individuals now that they have transitioned into the community.

- During a 5-day review in the community the Advocate assisted staff in understanding what the client was attempting to communicate. The Advocate showed the staff ways of communicating with the client.
- An Advocate had noticed one of their consumer's radio was not working. This was brought to the attention of unit staff. The client's radio was fixed quickly, and client now listens to the radio daily, which decreased his behaviors.
- An Advocate requested an IPP review as the consumer indicated that he was on too much constipation medications. The team met and reduced the daily dosage per the consumer's request. He is more compliant with this and other medications being taken.
- A client requested reading materials regarding current events. This was elevated to the team and the Advocate now discusses community current events during the visits.
- An Advocate noted a client's increase in anxiety as community placement approached. The Advocate discussed with the client different stress releasers and things that helped the client have a good day. The Advocate wrote them down on a calendar for the client and they discussed them at every visit. This helped to relieve some of the anxiety.
- During a visit with a client, the Advocate noticed that she appeared very morose and reluctant to interact. After talking with her she provided emotional support as the client was missing seeing her father. The Advocate informed the social worker who called the father. The client received a lengthy call from her father that evening which elevated her mood.

Advocates are the "eyes and ears" of the project. They often identify issues of concern that may need to be brought to the VAS Coordinator or Clients Rights Advocate's attention. PDC provides services to a variety of individuals needing general acute medical services, skilled nursing services, or intermediate care services. Many of the individuals have chronic medical or behavioral problems and some additionally need services in a secured treatment environment. Clients are sometimes referred to as forensic and non-forensic clients. Forensic clients are also referred to as "secured treatment area" (STA) and the non-forensic clients are referred to as "general treatment area" (GTA general services).

With the reduction in population in the GTA, the facility now has two ICF residences and one SNF residence. Also, during this past year work sites have been condensed, therefore limiting the type of employment offered. In addition, veteran staff continue to accept positions in the STA and outside DDS thus affecting consistency of services for the remaining consumers in the GTA. Advocates play a significant role is assisting their clients during these changes.

Sonoma

Volunteer Advocates attended nineteen IPP's or semi-annual IPP meetings. Advocates participated in twenty-one community transitional activities. These activities include: visits to community care facilities, day/work programs, meet and greets, Transition Planning Meetings, Special meetings and Transition Review Meetings. Sometimes Advocates will accompany the VAS consumer on the day of transfer to the community.

The VAS project continues providing advocacy services after a VAS consumer transitions to the community for one year. Advocates participated in 195 review meetings with VAS consumers living in the community.

Volunteer Advocates consult and problem solve with social workers, regional center case managers, job coaches, teachers and unit staff. Advocates are involved in meetings that influence resident's day/work services, and changes in health. Additionally, Advocates attend meetings regarding care, treatment, palliative care or hospice needs. With numerous changes of, level of care staff and supplemental staff in the consumer's life, Advocates are a consistent person in the consumer's life. Often, Advocates provide information regarding consumers to unfamiliar team members.

- Advocates provide support for consumers in exercising their rights and promoting dignity. They assist in problem solving with the consumer for increased independence. Advocates visit potential residential homes targeted for client. Advocates assist the ID team in making sure that consumer's needs will be met by the residential service provider.
- At team meetings Advocates recommend the services needed for community placement for VAS consumers.
- The Coordinator or Advocates had six meetings with regional center case managers to discuss community placement for consumers in the VAS project.
- When VAS consumers become anxious about moving into the community their Advocates will discuss the move and try to reassure them.
- An Advocate informed the Coordinator of concerns about overcrowding and not enough staffing to provide active treatment for former SDC residents at a day

program in the East Bay. The Coordinator raised these concerns to the regional center supervisor and was informed that they were aware of these issues and were assisting the day program to eliminate the problems. VAS Coordinator monitored for changes.

- When GERs are reported for VAS consumers, Advocates will follow up to ensure plans of correction are followed.
- Due to a VAS consumer's enjoyment of painting the Advocate suggested that the consumer receive art therapy services from the Regional Center. Also, the Advocate requested that the VAS consumer be referred to a day program.
- An Advocate and the Coordinator suggested to a residential provider that the Regional Center pay for a ramp to be installed on the back patio.
- During a community follow review meeting an Advocate requested that VAS consumer receive an iPad to assist in IPP related goals.
- When a VAS consumer had difficulties adjusting to her new home the Advocate consulted with residential provider on the consumers likes and dislikes. Also, the Advocate asked for consistent staffing to assist the consumer. The Advocate and Coordinator requested SDC staff familiar with the consumer provide additional cross training for the residential provider staff. SDC provided staff at the home to assist the VAS consumer in the transition.
- Due to a lack of a day program an Advocate recommended that residential provider develop an activity schedule for a VAS consumer.
- A VAS consumer was refusing to eat. The Advocate recommended that the consumer have multiple choices of food. The residential provider started giving the consumer different food choices which improved the client's eating patterns.
- At a community review meeting an Advocate recommended to the VAS consumer's ID team that a fading plan be developed to fade the use of a helmet. The VAS consumer is now not using a helmet.
- An Advocate recommended that the residential service provider put the VAS consumer's medication in applesauce to encourage consumer to take medications.
- Concerned about ongoing issues of a VAS consumer adjusting to the new home; the Coordinator and Advocate met with SDC staff and psychologist to develop a plan to help the consumer to adjust to the new home.

- An Advocate concerned about a lack of day programming for a VAS consumer living in the community for a year contacted the regional center case manager and requested a day program services be provided.
- At a 6-month review meeting the Advocate requested that a VAS consumer attend a day program for a few hours each day. The VAS consumer's case manager referred the VAS consumer to a day program. The VAS consumer is now attending a day program.
- At a 30-day review meeting a VAS consumer did not have a day program so the Advocate along with the team emphasized the consumer's need to have a consistent routine until he is able to attend a day program.
- A VAS consumer needed a couch at his day program. The Advocate contacted the property manager to obtain a couch for the consumer. After a couple of weeks, a couch was transferred from SDC to the consumer's day program.
- A VAS consumer living at NSTAR was scheduled to be placed in a crisis home in Sacramento. The Advocate and along with NSTAR staff recommended the consumer be placed in a permanent home to avoid moving multiple times. The consumer's Regional Center agreed and found a community home for the consumer to be placed.
- An Advocate, concerned about the weight loss of a VAS consumer, suggested that while at the day program the consumer should be eating away from her peers and in a quieter environment. The day program staff instituted this plan.
- At a five-day review meeting for a VAS consumer the Advocate was informed that the consumer did not have a primary care physician. The Advocate requested that the consumer be referred to a local clinic for medical treatment and to be assigned a physician. After three weeks the VAS consumer was assigned a physician.
- When a VAS consumer had a seizure the consumer's Advocate gave the residential provider suggestions on what has caused the consumer to have seizures in the past few years.
- An Advocate assisted a VAS consumer in contacting his optometrist to obtain a new pair of glasses.
- At a 90-day review meeting an Advocate brought up her concerns about the high sugar levels of the VAS consumer. Sonoma Regional Project followed up with an

SDC physician who made recommendations on medications to address the sugar levels. The VAS consumer's sugar levels were stabilized.

- An Advocate contacted a VAS consumer's case manager to request that case manager follow up with the VAS consumer's residential provider in setting an appointment with an ENT specialist in order to obtain treatment for an ear infection. The case manager spoke with the residential provider and advocated with the UC Davis doctor for a referral for a specialist.
- A VAS consumer was losing weight due to an eating disorder. The Advocate participated in a tele-conference with the residential house manager and the consumer's physician. The Advocate suggested the RSP staff receive training in how to encourage the person to not regurgitate food. Advocate requested more attempts be done to find foods the consumer prefers along with a behavioral assessment.
- Advocates meet with potential community providers when those providers visit their clients or when the advocates tour the providers home. The Advocates give information about their consumers to help the providers understand the consumers' needs.
- Advocates report to the ID teams on how the consumers responded on their visits to community homes. This gives the ID teams additional information to assess if placements are appropriate.

When consumers are hospitalized; Advocates visit them for emotional support and ensure their needs are met. In addition to IPP and semi-annual meetings, Advocates participate in special ID Team meetings concerning the consumer. For example, Advocates or Coordinator attend meetings when there is a significant change in the consumer's health, a change in the individual's plan of care, or changes in an individual's behavioral plan. Advocates consult with the medical and direct care staff to ensure that all treatment options are considered. Advocates participate in ID Team discussions related to bioethical issues such as the decision to provide outside hospitalization for a consumer receiving end-of-life care.

- An Advocate agreed with the VAS consumer's ID team that; due to the improvements in the consumer's health; that the consumer should be taken off hospice care.
- An Advocate requested padded arm rest instead of a lap tray for a VAS consumer's wheelchair.

- After being informed by a residential provider about a VAS consumer falling the VAS consumer's Advocate gave the pain indications for the VAS consumer.
- Often Advocates will follow up on medical issues regarding VAS consumers.
- An Advocate suggested to a residential provider contact DDS dental hygienist on how to provide oral care for a VAS consumer.
- During a VAS consumer's community review meeting the Advocate concerned about the weight loss by the consumer asked for a nutritional assessment by a dietician.

Developmental Center	# of Residents Served by the Coordinator *	Average # of Contacts Per Month by the Coordinator with Each Resident Served	Average # of Individual Related Meetings Attended	# of Self-Advocacy Groups Facilitated by the Coordinators and Volunteers
Canyon Springs	8	6-7	14	2
Fairview	15	1-3	7	2
Porterville	8	1-3	6	4
Sonoma	2	2	1	2

* In some instances, a resident might be served by both the Coordinator and volunteer advocate, depending upon his or her needs.

SUMMARY OF ADVOCACY PROVIDED BY VAS COORDINATOR

Canyon Springs

Advocacy assistance provided to residents by the Coordinator, during this reporting period, includes (but is not limited to) meeting attendance, consultations with the Executive Director, Clinical Directors, Program Directors, coverage for the Clients Rights Advocate, review of medications and attendance at HRC – Human Rights Committee and BMC – Behavior Management Committee, assignment of referrals, hiring and training of Volunteer Advocates, Self-Advocacy Training, preparation and processing of invoicing and reports.

VASC participated in sixty-four Individual Program Plan meetings (IPP's), Transition Planning/Transition Review meetings, IPP review's, Emergent Risk Notification Evaluation meetings, Behavior Intervention Review Meetings. Additional examples of Advocacy Coordinator activities include:

- During a 30-day community follow up meeting VASC discussed concerns with staff regarding work program and earning funds for cigarettes. Behaviorist suggested that the consumer was not to have cigarettes or soda due to his health. VASC provided consumer with educational information regarding Nicotine Anonymous meetings, and Diabetes prevention but explained that the providers could not take away items from consumer. VASC provided information for home staff as to where the consumer can attend Nicotine Anonymous meetings in Los Angeles. Consumer requested information and has been attending.
- VASC provided CS Executive Director and Unit Supervisors with information on Narcotics Anonymous meetings in the Coachella Valley because two residents have asked if they could attend.
- VASC actively encourages resident's participation in all IPP and special meetings. Focusing on self-advocacy and utilizing *You and Your IPP* pamphlets.
- VASC and two Advocates visited residents in the hospital. VASC visited consumer in the community at a hospital stay and met his family.
- VASC was liaison to consumer living in the community and CS. Consumer was brought to CS several times to visit his girlfriend and had been turned away and told he could not visit. VASC addressed with Executive Director, Unit Supervisors and consumer's providers. Consumer now texts VASC and verifies with Executive Director that he will be granted access to visit his girlfriend.
- VASC provides consultations with South Coast Regional Project and Regional Centers regarding transition activities for the residents at CS. Providing necessary improvements of services for consumers. VASC has collaborative relationships with Transition Coordinator's at CS and the Supervisor at South Coast Regional Project.
- During a TPM the potential provider was concerned about a behavior the resident had recently exhibited, VASC clarified the additional variables involved in the incident, i.e., a staff person had been known to yell at the resident, and the staff was the only one in the vicinity possibly causing the behavior. The provider continued with the transition process and the resident is soon leaving the facility.
- VASC provides extra support and advocates for residents who are beginning the community placement transition, but due to licensing issues, lack of homes or problems with the providers some transitions are delayed. This scenario creates much frustration for residents.

- VASC made four presentations in the community to introduce volunteer advocacy services.
- VASC assisted SCDD Regional Office with two presentations in the community; Coachella Valley Sexual Assault Services and new People First committee members.
- VASC participated in a community meeting with Assembly Members, Eduardo Garcia and Jim Frazier and SCDD Regional Supervisor on improving services from Inland Regional Center in the Coachella Valley.
- VASC meets with administrative staff (Executive Director, Unit Supervisors) in a joint effort to increase, develop and promote opportunities for self-advocacy at CS.
- VASC provides training to the advocates on a monthly basis and provides a two hour quarterly training every three to four months.

Fairview

- For new consumers the Coordinator requests and reviews all annual IPP and any special meeting reports for all new consumers to Volunteer Advocacy Services program. An initial face-to-face meeting is held with the new consumer. The Coordinator consults with staff, to better determine which advocate would be best to work with new VAS consumers.
- VAS Coordinator requested and reviewed annual whole person assessments (WPA's) for all VAS consumers.
- The VAS Coordinator sent Client Records a community resource list to have it included in the transition packet. This list was compiled by the VAS project. It was determined consumers and their families needed to have information about different community resources to help and facilitate successful transitions.
- VAS Coordinator followed up with Client Records at FDC to assure that all the IPP's, TPM, TM, TRM's and specials are forwarded in a timely manner.
- VAS Coordinator continues to advocate for better communication between FDC staff, residential service providers, Regional Center, case manager and advocates regarding changes in medical, medication, procedures and general health condition.

- VAS Coordinator continues to ensure the Advocates have current contact information of their clients moving into the community.
- VAS Coordinator attends biweekly Human Rights Committee meetings.
- VAS Coordinator continues to send reminders to all regional center liaisons with a list of their respective consumers who receive VAS services, reminding them of their responsibility to inform Advocacy Services of any incident reports once a consumer is placed in the community.
- When a general event report (GER) or a special incident reports (SIR) are reported for VAS consumers, VAS Coordinator follow up to ensure plans of correction are followed.
- A PDC transferred consumer started showing a trend of losing weight. Although the percentage of weight lost was not at the level of great concern, the VAS Coordinator brought up her concern of the trend. The administrator of the home indicated they would discuss this with their nutritionist. Weight has now become stable.

Porterville

Advocacy services provided to clients by the VAS Coordinator, during this reporting period, includes (but is not limited to) participation in Individual Program Plan meetings (IPP's), Transition Planning/Transition Review meetings, IPP review's, Emergent Risk Notification Evaluation meetings, Behavior Intervention Review Meetings, consultations with the Executive Director, Clinical Directors, Program Directors, coverage for the Clients Rights Advocate, review of medications and attendance at HRC – Human Rights Committee and BMC – Behavior Management Committee, assignment of referrals, hiring and training of Advocate Advocates, Self-Advocacy Training, attendance at quarterly RRDP RC liaison meetings, Facilitator for People First in the General Treatment Area, preparation and processing of invoicing and reports.

VAS Coordinator provides one on one Advocacy for eight individuals and meets informally with clients to discuss various advocacy issues as well as their program plans, community inclusion, workplace issues, rights, community placement, and other concerns.

Additional examples of Advocacy Coordinator activities include:

- VAS Coordinator provides services to an individual in the community that has life threatening self-injurious behavior as well as some other dangerous behaviors. The RC/DCL has sent his packet to six possible employment sites and the client has toured at least one of them. The issue being the

employment/day program sites indicate that they cannot serve him due to his behaviors. VAS Coordinator continued to stress the need for Competitive Integrated Employment. The RC/DCL located a day program that was able to meet his needs and the client has been attending work with regularity.

- VAS Coordinator provided increased monitoring of a client at a local hospital. VAS Coordinator met with the Regional Center RN and nursing staff at the hospital to provide strategies for optimal health care.
- When conducting follow ups through the year the VAS Coordinator stressed the need for exercise and weight control for a client. The home employed a staff with personal trainer experience. The client now exercises regularly and has been consistently losing weight.
- VAS Coordinator was contacted by a consumer to liaison with his new team regarding his property. After several meetings the consumer and team were able to reach a satisfactory conclusion.
- VAS Coordinator continues to review daily reports for the entire facility communicating concerns with Advocates so that they can better assist their clients.
- VAS Coordinator requests and reviews the Regional Center whole person assessments to ensure that services and supports identified are available for the clients once they have transitioned to the community.
- VAS Coordinator acting on behalf of a client whose Regional Center canceled his placement based on the District Attorney's added stipulations to his placement. Coordinator contacted Disability Rights of California (DRC) and coordinated meetings with the team. As a result, the Judge overturned the District Attorney's added stipulations and the client is now residing in the community.
- At a one-year community follow up meeting, VAS Coordinator discussed concerns with staff regarding behaviors at his day program. While visiting the consumer there he was reluctant to pass by a peer. This was reviewed with the team members and the peer was moved to another area of the program site. Phone follow up 30 days later indicated no further issues noted with peer.
- VAS Coordinator participates in Statewide Self Advocacy conference and Supported Life Conferences. Sharing strategies with other Advocacy Professionals.

- VAS Coordinator provides “Transition” training, activities, and discussions with clients.
- VAS Coordinator participates in bi-monthly Advisory Committee meetings and Central Valley Regional Centers Self Determination Advisory Committee.
- VAS Coordinator actively encourages client participation in all IPP meetings and specials.
- VAS Coordinator meets with clients to discuss court proceedings and provides encouragement for them to attend and participate. Coordinator attends court proceedings with the client to assist with any questions they may have.
- VAS Coordinator is a member of the Human Rights Committee and co-chair of the quarterly HRC meetings with the clients.
- VAS Coordinator attends Behavior Management/Human Rights Committee when the CRA is unavailable to attend. The Coordinator reviews changes/additions in medications and/or client treatment plans and assists with making recommendations as requested by the client.
- VAS Coordinator provides consultation with Porterville Regional Project and Regional Centers regarding transition activities for the clients at PDC.
- VAS Coordinator communicates with various Regional Centers regularly regarding the status of homes (identification, construction, licensing, etc.) in the community for VAS clients.
- VAS Coordinator chairs and organizes People First meetings in the General Treatment Area and attends the People First meetings in the community at the Creative Center.
- VAS Coordinator attends/participates in monthly People First in the STA as well as the Clients Rights Council in our Skilled Nursing Program.
- VAS Coordinator made three presentations at PDC employee orientations. At the orientations there were a total of twenty-four employees. The presentations included discussions of client rights, the importance of IPPs, the denial of rights process, descriptions of the VAS Project and CRA duties, and laws regarding people with developmental disabilities.
- VAS Coordinator/Acting CRA made a rights presentation to forty-seven Foster Grandparents and Senior Companions.

- VAS Coordinator participates in quarterly Foster Grandparents and Senior Companions Council meetings.
- VAS Coordinator meets with administrative staff (Executive Director, Clinical Director) in a joint effort to increase, develop and promote opportunities for self-advocacy at PDC.
- While Acting CRA it was noted that denial of rights was on the rise. The two contributing factors continue to be the observation (suicide) wing in the Secured Treatment Area (STA) and the increase in clients with more mental illness diagnosis being admitted to the STA. Acting CRA provided training to staff during shift huddles regarding the denial of rights process and how to correctly fill out the forms.
- While Acting CRA, VAS Coordinator worked with Program Management and unit staff regarding policies and procedures. A tour of the unit raised some concerns that were quickly addressed by the Program Director. A facility wide training was provided in junction with Quality Assurances regarding the Denial of Rights process and how to correctly fill out the forms.
- VAS Coordinator recruited one advocate. VAS is increasing self-advocacy training options.
- VAS Coordinator meets frequently with Volunteer Advocates to provide support, mentoring and coaching to identify strategies for effective advocacy. The VAS Coordinator provides advocacy training bi-monthly for all advocates. Trainings include: DDS Safety Net, Flu Precautions, Fraudulent Phone Calls/scams, Fire Drill Procedures/Fire Safety, 90-minute online training on mandated reporter responsibilities, changes to contact log, California Wildfire Resources, The Five P's of Evacuation, PDC's Emergency Procedures, Self-Advocacy and Transition into the Community.
- The VAS Coordinator meets with the Social Workers intermittently to collaborate on service and supports.
- VAS Coordinator distributes a monthly calendar to Advocates with a schedule of annual IPP meetings, transition planning meetings, transition review meetings, client's special meetings, video court meetings and monthly training calendars to all advocates.
- Budget allocation for Volunteer Advocates is reviewed on an annual basis

- VAS Coordinator provided CRA services for three months in this reporting period at PDC. Those activities include but are not limited to:
 - Weekly Behavioral Management Committee
 - Member of the Incident Action Team (In the meeting CRA reviews facility IR/GER data and can investigate further if a rights issue is indicated).
 - Secure Treatment Area Information Committee
 - Weekly Human Rights Committee meetings
 - Postural Restraint Review
 - Town Hall meetings (two)
 - Weekly Escort Review meetings
 - Handcuff Briefing
 - Human Rights Committee
 - Approves and reviews denial of rights requests.
 - Provides rights and self-advocacy training to consumers and staff.
 - Talks and works with family members on rights issues.
 - Training to PDC staff on effective interaction with consumers and the use of positive reinforcement
 - Participates on committees to provide input into policies associated with consumer's rights.
 - Reviews all proposed policy changes that involve clients' rights issues.

Sonoma

Coordinator participated in eight Individual Program Plan meetings. Also, the Coordinator attended eight transition planning or transition review meetings. In addition, the coordinator conferred with SDC staff, regional center case managers, Client's Rights Advocate, Regional Center Office of Clients Right Advocate and Sonoma Regional Project staff about specific issues for VAS clients. Also, Coordinator attends meetings when a volunteer Advocate can't attend.

Coordinator attended fourteen IPP meetings for VAS consumers living in the community. The VAS Coordinator accompanies the Advocate to meetings in the community for certain clients.

Due to the decrease of SDC population in 2018; formal residential rights training were discontinued. Self advocacy trainings occurred in small groups of one to five at the DC and in the community.

Coordinator made three presentations at SDC employee orientations. At the orientations there were a total of twenty employees. The presentations included discussions of client rights, the importance of IPPs, the denial of rights process, descriptions of the VAS Project and CRA duties, and laws regarding people with developmental disabilities. Due to SDC closure in December, employee orientations were discontinued in November.

Coordinator is in contact with SDC staff or residential provider when a VAS consumer has a change of service or requires hospitalization. Also, Coordinator and Advocates are contacted when there is a bioethical issue related to treatment, or when there is a reportable incident involving a VAS consumer. Examples include:

- When attending IPP meetings the Coordinator consistently advocates for the consumer to attend and participate in the meeting.
- Coordinator contacted the VAS consumer's case manager for an update on the process of obtaining a day program for the VAS consumer.
- On a regular basis Coordinator and CRA meet with administrative staff (Executive Director, Clinical Director, and Sonoma Regional Project Director) in a joint effort to develop and promote opportunities for self-advocacy at SDC.
- Coordinator was a member of the Human Rights Committee that meets once a month. The Human Rights Committee was disbanded when SDC closed in December 2018.
- Coordinator meets with regional center case managers and representatives of the Sonoma Regional Project regarding community placement for the consumers in the VAS Project.
- Coordinator attends special meetings regarding service changes for VAS consumers.
- When covering for the CRA, Coordinator attends the Whole Person Review meetings, Policy Review Committee, and SDC Psychological/Sexual Committee meetings, until the closing of SDC.
- As acting CRA the Coordinator attended twenty-five IPP meetings for SDC/NSTAR residents and thirteen transition meetings for NSTAR residents.
- As acting CRA the Coordinator participated in a series of tele-conference meetings with SDC staff, regional center staff and CCL regarding obtaining a waiver for an SDC resident to use restraints during dialysis. The Coordinator reminded the team about the right of the individual to consent to restraints.
- As acting CRA Coordinator participated with Alameda County Department of Child Welfare staff, SRP, NSTAR staff, VMRC staff, and OCRA regarding obtaining a waiver for NSTAR resident to be placed in a higher level of community home. The Coordinator reminded the participants that the consumer

said he wants to move and that he signed a request for release. The waiver was granted and two weeks later the resident was placed in the community.

- When a VAS consumer had difficulties in adjusting to her new home the Coordinator monitored the issue and kept in contact with the residential provider and SDC management to make sure the consumer was receiving enough support for a successful transition.
- While at a community follow up meeting the Coordinator recommended that the residential provider explore community activities for the VAS consumer.
- The Coordinator recommended that the residential service provider discuss with the physical therapist increasing the amount of time the VAS consumer uses a walker.
- The Coordinator and Advocates provided information to consumers and residential providers on SDC medical and dental clinics that will be providing services through June 2019.
- When told that there is a two-year waiting list to receive dental services for individuals with I/DD. With the SDC dental clinic closing after June 2019 the Coordinator requested information to support SCDD advocating for increased access for dental services in the community.
- Coordinator informed Bay Area Regional Office that former SDC residents are not receiving their SSI funds. Collaboration ensued to correct the dispersements.
- A VAS consumer was in need of medication. The client requested the coordinator speak to their Regional Center case manager. The Coordinator informed the Regional Center and was told that they are scheduling a visit to clinic for prescription refills.
- In February 2019, the Coordinator attended a two-day SCDD all staff conference in Sacramento. Also, the Coordinator participated in SCDD teleconferences.
- Coordinator regularly meets with regional center case managers regarding specific needs for VAS consumers when move they transfer to the community.
- After a VAS consumer moved into the community, the consumer's social security payments were discontinued. The Coordinator spoke with the SDC trust office to obtain the VAS consumer's award letter. The Coordinator gave the award letter to the VAS consumer's case manager. After a few months the VAS consumer began receiving Social Security payments.

- The Coordinator followed up with SDC Quality Assurance Department regarding allegation of abuse to two VAS consumers. The Coordinator was assured that there would be a complete investigation of the allegation.
- Concerned about a VAS consumer not having a day program, the Coordinator requested that the consumer's regional center case manager refer the consumer to several day programs.
- Coordinator requested that a VAS consumer's case manager find a day program that has nursing services so the VAS consumer will be able to attend a day program.

IMPACT OF CHANGES IN THE AMOUNT OF SERVICES PROVIDED BY THE VAS COORDINATOR THIS REPORTING PERIOD

Canyon Springs

There has been an increase in advocacy services for residents since last year report due to advocates staying and following VAS consumers after they move in the community. Retention of advocates is due in part to their strong desire in assisting residents in self-advocacy and witnessing residents reaching their goals for community placement. Advocates had expressed that they look forward to the time they can spend at CS with their residents.

The VAS Coordinator is based at Canyon Springs and works Monday through Friday and occasionally on Saturday or Sunday. Because the facility is so small, the VASC has contact with residents daily. Residents are visited on campus and at off campus work sites. VASC has assisted residents with obtaining information regarding dates for their court appearances, writing letters to their Regional Center Service Coordinators, contacting family members for information on visits and the complaint process on DDS website.

The number of residents being served has increased due to increasing the number of new advocates. There are more services provided to residents with the fulltime VAS Coordinator on-site. The VAS Coordinator spends more time with each resident getting to know their needs and requests resulting in a better match for the resident and an advocate. Twelve advocates have remained longer than a year and continue to see more residents, resulting in continuity and consistency which assists the residents.

VASC meets with Executive Director, Program Director, and Unit Supervisors and passes on information from the community that would benefit the residents. VASC works with the SCDD Regional Office in San Bernardino and has scheduled monthly Self-

Advocacy meetings on-site. VASC works with the OCRA Clients Rights Advocate with new Self-Advocacy Training and resident's meetings.

One on one advocacy has been provided to residents by VASC when residents have requested an advocate. The VASC familiarizes herself with the resident to assign a suitable Volunteer Advocate. VASC is available during resident's mealtimes, breaks, in the exercise area and their work areas both on campus and off. This affords the opportunity to meet informally with residents and discuss personal advocacy, program goals, diet, exercise, the judicial process, human rights, client rights, work place issues and other concerns.

- VASC provides training to the advocates on a monthly basis and provides a two hour quarterly training every three to four months; assisting the advocates to learn more about the facility, and to better serve their residents. The more the advocates learn about their resident and the DDS system, the more they want to stay and remain an advocate. VASC is committed to teaching and making available all information possible for advocates.
- VASC meets frequently with Advocates on a walk-in basis or by appointment and telephone contact to provide support, mentoring and coaching to identify strategies for effective advocacy. VASC provides advocacy training quarterly for all Advocates. Trainings include: Contact Log Information, Working with Social Workers at CS, Self-Advocacy and Transition into the Community. The VASC consults with the assigned Advocates prior to residents' meetings to assist with any concerns and attends meetings if needed.
- VASC attends Human Rights Committee when the CRA is unavailable to attend. VASC reviews changes/additions in medications and/or their treatment plans for clients and assists with making recommendations as requested by the client.
- VASC distributes a monthly calendar of scheduled annual IPP meetings, client's special meetings, video court meetings and monthly training calendars to all advocates. VASC distributes a monthly calendar on all the units of scheduled activities.
- VASC participates in community programs that assist with employment strategies and community resources for residents. In the last year, VAS Coordinator participated in: Monthly meetings for Coachella Valley Annual Employment Expo Committee with Workforce Development and EDD Desert Communities Employer Advisory Board – Chairperson. This has resulted in providing a work opportunity for the residents at CS and provided the Personnel Specialist at CS an opportunity to hire additional staff from the Coachella Valley community.

- VASC attends the Riverside County Mental Health resource fair to recruit advocates and obtain resource material for clients.
- VASC attends C.A.R.E Team meetings with County of Riverside, Office of Aging and other community organizations to participate in preventing abuse with developmentally disabled and elderly citizens.
- VASC continues to provide presentations to students at College of the Desert, Community College, and Cal State, University, San Bernardino in Palm Desert, and the Senior Center in Cathedral City.
- VASC continues follow-up with consumers that have transitioned into the community. Two Advocates are currently calling consumers and four Advocates are building trust with residents that will soon transition. All residents have asked for their Advocates to come to see them in their new homes and to call weekly. Ten consumers have transitioned in the last year. Five clients are in the transition process resulting in placement in the next few months.
- VASC attended training in creating a CalABLE accounts at the Orange County Regional Center and Train the Trainer training for Self-Determination at South Los Angeles Regional Center and Breaking Barriers to Mental Health at Pomona Regional Center. VASC also participated in on-line training with Transcend, Inc. Disability and Employment.
- VASC continues to process monthly VAS invoices for the advocates.
- VASC and SCDD Regional Office have met with the People First to start a chapter in the Coachella Valley to serve the residents at CS.
- VASC provided Regional Center's communication through emails outlining specific needs of consumers in their new group homes. A list of repairs in the home owned by SLARC. Valley Mountain RC was provided with reports from an advocate who visits his consumer on a regular basis. Consumer lives in Coachella Valley and the advocate lives in the same town. This has provided better services for client due to vigilant participation from VAS team. The home and the consumer needs were being ignored, and VASC and advocate notified authorities. The improvements to the home were completed and additional staff were hired and trained; now, the consumer is living successfully in the community.
- VASC implemented a program to train new Advocates to contact the shift supervisor on the unit to assist with bringing the client into the great room for time with their advocate. This is usually implemented after working hours when there

is more free time for the resident to meet with their Advocate. During working hours, the Advocates visit their residents at their designated break time.

- VASC is working with Social Worker to implement additional CS training for newly hired Advocates. VASC encourages advocates to learn about their residents from staff, case files, Social Worker observations, meetings and VASC.
- VASC suggested to Unit Supervisor that residents like to create Goals/Vision Boards by cutting out magazines and gluing onto poster board. Staff arranged the activity and VAS services assisted and provided donated magazines.

Fairview

During the first reporting period of FY 2018-19, approximately forty-two meetings were attended by the VAS Coordinator. The increase was due to increase in active transition to the community.

During the second half of FY 2018-19, there appears to be an increase in the number of meetings attended by both the VAS Coordinator and volunteer advocates. Almost all the consumers under the VAS program are in active transition. However, many of the homes are still in the remodel phase. As a result, there have been more Transition Meeting addendums in between the Transition Planning meeting and the Transition Review meetings.

Porterville

During the first reporting period of FY 2018-19, VAS Coordinator provided CRA services for three months at PDC. No services to the clients were disrupted, however. In addition, the VAS Coordinator hired a very motivated Volunteer Advocate for clients residing at PDC and in the community.

During the second half of FY 2018-19, there was an increase in the number of meetings attended by the VAS Coordinator. PDC announced that the General Treatment Area (GTA) would be closing in September 2019 as opposed to 2021. Most of the homes are in various stages of remodel or pending licensure. Tentative dates for placement are being set for clients regardless of the home's completion dates. This has caused increased anxiety with the clients and their families. Advocates are focusing on transition activities and coping strategies with their clients to ease this stress. The VAS Coordinator is focusing on ensuring that these clients, despite the time constraints, will have all the supports and services identified for them at their Transition meetings. The CRA/VAS team has been attending all client Transition Planning Meetings (TPM) and Transition Review Meetings (TRM) to ensure that supports and services are addressed and when necessary, that clients are referred for VAS. Many families/conservators are requesting VAS at these meetings, specifically when families live far distances away and are not able to visit often or at all. With the closure of the GTA this has put the priority for

placements for GTA clients over STA clients. This has caused increased stress in the STA as well. Again, Advocates are focusing on transition activities and coping strategies with their clients to ease this stress.

Sonoma

In the last year, sixteen VAS consumers from SDC moved into the community. Six VAS consumers from North Star Crises Home moved into the community. Ten VAS consumers from other DDS developmental centers or community facility that moved to Northern California continue to receive advocacy services from the VAS Project at SDC.

IV. Service Outcomes

Canyon Springs

Advocates work specifically with residents on an individual basis following Individual Program Plans (IPP's). They provide training, support and encouragement while focusing on self-advocacy goals. Many Advocates have worked with their clients for many years and have made significant progress in the areas of communications (client to staff, client to client, etc.), issues concerning money handling and budgeting, work commitments, definition of goals, IPP attendance, behavioral issues, pre-placement transition and diet/health and exercise.

Additional outcomes:

- Compile bi-monthly, semi-annual and annual summary of services provided by CS VAS program and submit to Supervisor of the CRA/VAS project. Completed and distributed monthly calendars of all IPP, special and/or transition meetings scheduled so advocates can attend. Monthly calendar of all CS activities/special events were forwarded to advocates so they could assist VAS consumers in attending as many facility and community events as possible.
- Consumer in the community needed assistance with obtaining citizenship credentials. The Consumer does not have SS card or CA ID and can't obtain work due to status of citizenship. Advocate worked with Inland Regional Center Service Coordinator to obtain citizenship. Advocate suggested he work around his home for additional pay and he has been involved in recycling.
- An Advocate was able to participate in meeting her resident's family after having no contact for nine years. The family was delayed for two hours and the Advocate was able to offer support for her resident during the waiting period. The Advocate experienced great joy in seeing the family.

- VAS project continues to provide support in all phases of transition activities. The Advocates are helping residents by focusing on the positive aspects of these changes. They are using DDS and SCDD provided materials as reinforcement.
- Advocates meet with their assigned residents on a weekly or bi-weekly basis to discuss the progress made in their individual program plans, work assignments and living arrangements. Residents often ask about their placement schedules and advocates provide scheduling information and assist with recording on a calendar for the resident.
- Client shared with Advocate that he was having problems getting in contact with his family. The Advocate assisted resident with notifying social worker, who provided telephone numbers and addresses to resident. Advocates assisted clients in writing a letter to families, regional center service coordinators and other requested entities.
- Resident shared with his advocate that he wanted to save money for transitioning into the community. Advocate and resident created a schedule to meet, devised a workable budget, and encouraged him to save.
- Resident's shared with VASC that they want more information about the Trust Office. VASC continues to work with Trust Office at CS in providing residents with their total monies in their account. Training in money management is provided by CS staff but individual trust amounts need to be specifically asked for at the Trust Office window. VASC and Advocates encourage residents to ask for their account totals weekly.
- Residents requested the VASC's help with getting haircut in the community. VASC arranged for coupons that offer free haircuts and blow dry at the local beauty school. Staff at CS arranged for the appointments and took residents to appointments. VASC continues to provide staff with coupons when residents ask for appointments. VASC continues to suggest to residents to self-advocate and ask staff for an appointment during their weekly planning meetings (Sundays). VASC spoke with the beauty school and relayed their request that residents come in on Wednesdays, and that CS staff call a day before, so they have personnel available for services.
- Advocates continue to contact Unit Supervisor's regarding resident's participation in a sports league in the community. Residents have opportunities to play tournament style for volleyball, and basketball and participated in tournaments this year.

- Advocates contacted Unit Supervisors for assistance with meeting residents in the community for lunch outings. Four Advocates have had a special lunch time with their residents for their birthday or other occasion. If Unit Supervisors are notified, and VAS Coordinator is assisting, the extra time for the residents are supported.
- Advocates have assisted in IPP meeting when residents have not understood their goals or treatment plans and helped explain details at a later date. Advocates have assisted family members to understand details in the meeting when they were unable to attend.
- An Advocate is working with staff to develop a community outing to the Rancho Mirage Library new observatory. Residents have expressed interest in learning more about planets. The Advocate received approval from Executive Director and Unit Supervisor for two residents to attend.
- Sunline bus provided a bus for CS. Twenty-one residents and four Advocates rode the bus around the community. The Sunline bus facilitator explained details about riding the bus.
- Advocates continue to suggest community outings for the residents, including lunch in the community, the Living Desert Zoo, Dodgers/Padres baseball games, and Rancho Mirage Observatory.

Fairview

- Completed and distributed monthly calendars of all IPP, special and/or transition meetings scheduled so Advocates can attend.
- Monthly calendar of all FDC activities/special events were forwarded to Volunteer Advocates so they could assist VAS consumers in attending as many facility and community events as possible.
- VAS Coordinator continued to process monthly VAS invoices for the Fairview VAS Advocates.
- Compile bi-monthly summary of services provided by Fairview VAS Program and submitted to manager of the CRA/VAS project.
- VAS project continued to provide support in all phases of transition activities for the fifty-five VAS consumers currently in some stage of transition from Fairview to various community settings.

- VAS Coordinator continued to monitor consumers' Regional Center staffs' ability to participate in all of consumers meetings.
- VAS Coordinator requested and reviewed of all Regional Center and day program's IPPs, reports and incident reports for VAS consumers who are now living in the community. The VAS project continues to experience difficulty receiving incident reports from community providers and regional centers.
- Twenty Meet & Greet meetings held with VAS consumers
- Twenty Transition Planning Meetings (TPM) held with VAS consumers
- Eighteen Transition Review Meetings (TRM) held with VAS consumers
- Six Transition Meeting Updates (TM) held with VAS consumers.
- Seventy-one face to face meetings were attended by VAS Coordinator or Advocates for VAS consumers living in the community. These visits include face to face visits at 5 days, 30 day, 60 and or 90 days, 6-month, 9-month visit, and one-year time periods from leaving FDC.
- FDC Advocates visited and telephoned consumers in the community to assess and ensure all their needs were being met.
- VAS Coordinator continues to process monthly VAS invoices for the Fairview VAS Volunteer Advocates.

VAS Coordinator continues compile bi-monthly summary of services provided by Fairview VAS Program and submits to manager of the CRA/VAS project.

Porterville

Twenty-one VAS clients were placed in the community. VAS Coordinator and Advocates attended 155 Annual IPP's, IPP reviews, and/or community transition meetings. These activities included; visits to community care facilities, day/work programs, meet and greets, Transition Planning Meetings, Annual Individual Program Plans, Special Meetings and Transition Review Meetings. In additional the VAS Coordinator and Advocates made over 3500 visits/contacts with clients residing at PDC as well as those living in the community.

Advocates have explored different community living options with their clients and assisted the client with sharing their wants and needs at their transition planning meetings. Particularly in the General Treatment Area, Advocates discuss strategies to cope with the anxiety surrounding the transition process. Advocates have been crucial

in assisting clients with understanding the lengthy process as well as identifying ways to self-advocate for themselves. This continues once they have transitioned into the community.

Volunteer Advocates work specifically with clients on an individual basis (following Individual Program Plans (IPP's)). They provide training, support and encouragement while focusing on self-advocacy goals. Many of our advocates have worked with their clients for many years and have made significant progress in the areas of communications (client to staff, client to client, etc.), issues concerning money handling and budgeting, work commitments, definition of goals, IPP attendance, behavioral issues, pre-placement transition and diet/health and exercise. Additional outcomes:

- Completed and distributed monthly calendars of all IPP, special and/or transition meetings scheduled so Advocates can attend.
- Monthly calendar of all PDC activities/special events were forwarded to Advocates so they could assist VAS consumers in attending as many facility and community events as possible.
- VAS Coordinator continues to process monthly VAS invoices for the Porterville Advocates.
- VAS Coordinator compiles bi-monthly summary of services provided by Porterville VAS Program and submits them to manager of the CRA/VAS project.
- A client was experiencing anxiety regarding his impending return to community living. The team reached out for an advocate. The Advocate began meeting with him regularly and providing him with information and insight on what is available to him in the community now. The client is relieved to know that Advocacy services will continue once he is placed in the community.
- During a TPM the potential provider indicated that the day program would be located approximately 25 minutes away from the home. The Advocate addressed the concern of the client regarding the length of travel as he has strong anxiety in moving vehicles. After a robust discussion, a day program was tailored around the client's home to better suit him.
- At a Transition Planning Meeting an Advocate shared the importance of a work program for the client. The Advocate stressed that if a work program wasn't provided this would not meet the services and supports needed by the client. The team reconvened one week later, and the provider was able to locate a work program that would be willing to review his packet. The Regional Center liaison

agreed that this day program has a work component and will be sought upon his placement to the community.

- Advocate noted that a client's wheelchair needed repair and assisted the client in communicating for modification of the wheelchair that would assist with leisure activities.
- Advocate noted that her client appeared in discomfort. Advocate alerted a nurse who ordered lab work. It was identified that the client had a UTI and was treated very quickly along with pain management.
- Several clients are moving to the same ARFPSHN home. An Advocate who drives near the home frequently has been taking pictures and keeping them updated on the progress of the construction. This Advocate will continue to provide services to them upon their placement.
- While conducting a community visit, the Advocate was told the client couldn't attend the movies because of his hearing deficit. The Advocate located a theater that provided IPADs for hearing impaired individuals to provide close captioning. The client now enjoys going to the movies with peers.
- Several VAS clients have been waiting over a year for homes to be identified for them while they watch some of their peers' transition to the community. The Advocates continue to discuss with each of the clients the stages of the transition process. Advocates attend all transition meetings to better communicate this with their clients.
- When visiting a community client recently placed into the community, the Advocate noted that the client was spending more time in bed and less time in his wheelchair. He was becoming withdrawn and did not interact with the Advocate. The Advocate met with the RN and Administrator to reiterate the importance of this client getting up in his wheelchair daily and being positioned near the sliding glass doors or windows. At the next visit the client was in his wheelchair in front of the window and was smiling and appeared very happy. Subsequent visits the client was noted to be more interactive and positive.

VAS program continues to provide support in all phases of transition activities. As more and more clients are identified for community placement; all advocates have a client or multiple clients that are increasingly apprehensive and anxious. Many of our GTA clients have spent their entire lives at PDC and the thought of change is very difficult to process for them. The advocates are helping our clients by focusing on the positive aspects of these changes. They are using our "Choices" materials as reinforcement. If a client is extremely apprehensive of new people and/or places and will be placed in the area that

our community Advocate serves; the community Advocate will meet with the client, prior to placement, for familiarization.

Sonoma

- With the assistance of the Coordinator and Advocate a VAS consumer adjusted to her new home.
- When learning that a VAS consumer's team was reluctant to inform the VAS consumer of his friend's death; the Coordinator spoke to team members encouraging them to be honest and respectful of the VAS consumer's right to know what happened to his friend. The VAS consumer was informed of his friend's death and emotional supports were put in place.
- Most VAS consumers that have been placed in the community are receiving the agreed supports and services.
- At a 90-review meeting an Advocate was informed that the VAS consumer's conservator needed to sign consent forms for the consumer to receive day program services. When informed of the situation Coordinator contacted the conservator and the consent forms were signed by the conservator. The VAS consumer is receiving day program services.
- A VAS consumer was not receiving day program services due his needing individual supports. The Coordinator was informed that the consumer's regional center has a policy against funding individual assistance for consumers to attend day programs. The Coordinator and Advocate will appeal.

V. Volunteers

Volunteer Advocates

Developmental Center	Males	Females	Persons with Disabilities	Relatives	Providers	Students	Professionals	Foster Grandparent Senior Companion	Other
<i>Canyon Springs</i>	3	11	1	0	0	1	4	0	8
<i>Fairview</i>		3					3		
<i>Porterville</i>	3	2					4	1	
<i>Sonoma</i>	0	5		1					4

* Relatives include anyone with a family member with disabilities; providers refers to anyone employed to provide services in the system; students are anyone enrolled in school; and professionals are those employed within the system.

VOLUNTEER RECRUITMENT ACTIVITIES/ BARRIERS TO INCREASING THE NUMBER OF VOLUNTEER ADVOCATES

Canyon Springs

- Four Advocates were successfully recruited and trained. They were assigned residents and currently see them regularly. Presently, there are thirteen Advocates. Last year, there were fifteen Advocates. One Advocate became ill and the other Advocate returned to school. They both expressed interest in returning to advocacy in the future.
- Barriers to increasing the number of Advocates include finding qualified, involved and available candidates.
- Volunteer recruitment consisted of the following: flyers posted at Canyon Springs and at local community centers, agencies, hospitals, libraries, medical clinics, professional organizations and colleges. Advocates have suggested potential volunteers and continue to inform the local community about opportunities. VASC has met with individuals from other agencies, churches schools, libraries, professional organizations, and colleges to present the program mission and to build community relationships.
- VASC continues to go in the community to explain the VAS program and answer questions. In addition, flyers are left at the public libraries, visitor centers and community centers in Cathedral City, La Quinta, Desert Hot Springs, Palm Desert, Palm Springs and in Indio.
- VASC made presentations to the Psychology Club at California State University Palm Desert and College of the Desert. Informational materials were given to the department professor and distributed on campus. Three students have contacted VAS Coordinator for future advocacy positions. Two were recruited and became Advocates.
- VASC continues to be in contact with area colleges and schedule community presentations. Current Advocates are recruited to assist with community outreach. This has been done in the past and has been, according to the volunteers, very rewarding. Flyers and brochures are posted throughout the facility and in the community with information on becoming an Advocate.

- Applications for future Advocates have been abbreviated and are often sent to an interested applicant via email along with a letter explaining VAS in more detail. Once the application is received, VAS contacts the three references included on the application. If they are favorable recommendations, the VASC contacts the applicant and has a face to face interview. Detailed questions are asked about their interests and experience. Information is given to the applicant about SCDD, DDS general information about clients at CS. VASC then takes the applicant on the unit and introduces to some staff and clients. VASC observes their reaction and debriefs after the walk-through. If there is a favorable reaction on each side, instructions and forms for fingerprinting and TB testing are given to the applicant to follow and complete.

Barriers to volunteer recruitment:

- Residents at Canyon Springs are involved in off-site work projects meaning they are not available for visits during their work hours. The resident may choose to see their Advocate at this time, but CS will record this on their Plus Sheet program as not working which may result in a cut in pay.
- Advocates complete training and then their life situations change preventing their continued commitment, i.e., moving, illness, or new employment.
- Reimbursement- Advocates are paid by stipends which usually takes 30-45 days before receiving payment.
- Not all Advocates are interested in travelling in the community once the resident has been placed in the community.
- Sometimes, residents request another Advocate, once new Advocates are hired. Residents see a new Advocate that come regularly for another client and request that advocate. Advocates are encouraged not take the requested change personally.
- Advocate training and orientation is a lengthy process. Although the VAS Coordinator can train anytime, mandatory facility training occurs twice a month. Most volunteers want to begin volunteering immediately but they must wait to complete the training required by CS.
- Advocates must have an extremely flexible schedule in order to attend resident's meetings including special meetings which are scheduled due to an incident and advocates are given short notice to attend.

- Advocates are asked to give a six-month commitment and many of the volunteers have outside jobs/careers that prevent them a flexible schedule. Most Advocates have been able to complete their six-month commitment.

Fairview

Currently there are three Advocates participating in Fairview VAS Program.

There has not been any recruitment activity given the continued decreasing census due to closure and cases being closed after one year in the community.

Porterville

There are five Advocates participating in the Porterville VAS Program. Flyers for the Advocate position has been posted at Central Valley Regional Center as well as ARC day program in Fresno. The Coordinator has met with Porterville Community College work coordinator and has attended a Veteran's Job Fair as well as an additional Job Fair at Porterville Community College

Barriers to recruitment:

- In the Secured Treatment Area (STA) there are two programs (7 & 8). Each Program has multiple units. To access these units, the Advocates must check out an alarm, always have their photo identification and whistle on their person prior to entering through a sally port. Then, they must either walk a long distance (sometimes in inclement weather) or wait for the tram.
- Clients are often moved to other units and sometimes to other programs with very little notice to the VAS Coordinator, creating extra work for the Advocate to locate a client.
- Often staff in the Secured Treatment Area do not understand the services that Advocates provide will be beneficial for forensic clients.
- Barriers to increasing the number of Volunteer Advocates include availability to reach out to the community and finding qualified, involved and available candidates. Porterville is in a rural area with many stigmatizations regarding the clients in the Secured Treatment Area.
- The Advocate duties require that they have an extremely flexible schedule as they need to be available for scheduled and at times, unscheduled special meetings with the consumer.
- Potential advocates need to have a broad understanding of the range of needs of persons with developmental disabilities, knowledge of the Lanterman Act and what services are available to consumers within the State of California.

- Medical insurance and workers compensation coverage is not available for Advocate advocates.
- The processing of stipends may at times take longer time to process.

Sonoma

Volunteers are recruited with referrals from previous and current volunteers. Coordinator is recruiting for community-based volunteer Advocates through SCDD regional offices. The community-based Advocate will provide advocacy services for VAS consumers that are placed from SDC in catchment areas outside the Sonoma region. Due to closure, on-site SDC volunteer Advocate recruitment is no longer needed.

Volunteer Advocates Training

Developmental Center	# Training Sessions	# Volunteer Advocates Trained
<i>Canyon Springs</i>	18 plus individual trainings	15
<i>Fairview</i>	3	3
<i>Porterville</i>	6	5
<i>Sonoma</i>	4	5

SUMMARY OF TRAINING PROVIDED TO VOLUNTEERS PRIOR TO BEING ASSIGNED TO PROVIDE SERVICES

Canyon Springs

New Advocates are provided training by staff and are given a copy of the Training Manual with project and CS Policies & Procedures. (Existing advocates received updated material for their training manuals at monthly trainings) The following is a list of provided training:

- Review of the volunteer duty statement
- Confidentiality
- Client abuse and neglect
- Incident reporting of suspected abuse and neglect
- Keys, keycards, and personal alarms
- Property items allowed in Secure Treatment area
- Advocacy and client representation
- Advocacy and the IPP
- Keep Boundaries
- Clients' rights
- IPP meetings
- Interdisciplinary team

- Emergency procedures
- Documentation
- Grooming and Dress Code
- Personal Safety
- Advocacy Tools (Making Choices, All About Me, etc.)
- Transition Support
- Contact Logs
- Mandated Abuse Reporting, Canyon Springs and CDSS
- Regional Centers
- Plus Program
- ATCM Active Treatment Crisis Management
- Sensitivity Training to better understand gender terminology

Fairview

Three trainings were provided to Advocates during the year. The VAS project standardized its processes, including forms etc. across all the VAS programs. This meeting was to review all new procedures and requirements. A discussion was held about the Community Options Fair and FDC closure and community transition survey being implemented. Additionally, the Volunteer Advocates received GER training from FDC's staff development. The VAS Coordinator provided individual training in any area they felt was necessary.

Porterville

New advocates are provided training by staff and are given a copy of the Training Manual with project and PDC Policies & Procedures. (Existing advocates received updated material for their training manuals at monthly trainings) The following is a list of provided training:

- Review of the Advocate duty statement
- Confidentiality
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- Keys, keycards, and personal alarms
- Property items allowed in Secure Treatment area
- Advocacy and client representation
- Advocacy and the IPP
- Boundary issues
- Clients' rights
- IPP meetings
- Interdisciplinary team
- Emergency procedures
- Documentation

- Grooming and Dress Code
- Personal Safety
- Advocacy Tools (Making Choices, All About Me, etc.)
- Transition Support

Sonoma

The training for new volunteers consists of an orientation to the Volunteer Advocacy project and an introduction to the intellectual/developmental disabilities system of service. Topics include: advocacy, rights, the State Council on Developmental Disabilities activities, Regional Centers, the Lanterman Act. Advocates are reminded the importance of using the IPP for services and supports. Self-determination and empowerment are discussed in the training as well as People First and community advocacy organizations. New Advocates are informed of and required to sign SCDD policies on confidentiality, advocacy services agreement, community visit policy, mandated reporting, conflict of interest, anti-nepotism, the prohibition on advocates using their vehicles to transport clients as well as the prohibition on giving food or gifts to clients. Also, Advocates must be fingerprinted and clear backgrounds check. The new advocates are mentored by existing Advocates.

Coordinator meets frequently with Advocates on a 'walk-in' basis or by appointment to provide support and coaching to identify strategies for effective advocacy. The coordinator assists Advocates as needed by joining them at ID team meetings or during community review meetings.

Training Provided to Advocates:

In August 2018, the Coordinator reviewed with the Advocates SCDD new advocacy policies, stipend and advocate forms. In October 2018 and annually thereafter, SCDD staff and Advocates took an online Mandated Reporter training. In December 2018, Coordinator provided training on advocacy and updates on the VAS program. In June of 2019 Coordinator provided updates on the VAS program, the relocation of the VAS office, and discussed dental care issues for VAS consumers in the community.

Volunteer Advocates Stipends

Developmental Center	Number of Volunteers Paid Stipends
<i>Canyon Springs</i>	15
<i>Fairview</i>	3
<i>Porterville</i>	5
<i>Sonoma</i>	5

BASIS FOR ESTABLISHING THE LEVEL OF STIPENDS

All volunteers statewide receive a flat rate amount of \$90.00 per individual per month. The volunteers dedicate three hours per month per individual served. The volunteer advocate visits or attends meetings on the individual's behalf at least twice per month per individual assigned. The VAS Coordinator may determine compensation for extended training and/or project meetings.

Volunteer advocates visit, attend all meetings, and keep in phone/email contact with individuals who transition to the community for one year after placement. Advocates attend the following meetings: five day, thirty day, ninety day, six month, and one year. During months with no set meeting, advocates visit and/or connect via telephone or email with the client or residential vendor staff.

THE RELATIONSHIP OF STIPENDS TO RECRUITMENT AND RETENTION OF VOLUNTEERS

Canyon Springs

The ability to provide a stipend has a direct relationship on recruitment and retention of the Advocates. Individuals recently recruited for the volunteer position at Canyon Springs have expressed that they are volunteering their time to give back to their community, to help persons residing at CS, for personal growth and because they believe it to be worthy of their time.

There appears to be a direct correlation between the amount of stipend offered and the amount of success achieved in recruitment and retention of Advocates from local schools. Some students are interested in broadening their knowledge in psychology, build their resume but the stipend is an attractive motivator.

The increase in the stipend to \$90.00 per resident has assisted Advocates in travelling farther distances to CS from the Coachella Valley and assisted with longer retention of engaged, trained Advocates. If the stipend reimbursement were no longer provided, it would negatively influence the amount and quality of services to residents at CS.

Fairview

Stipends are a motivator to retain qualified persons to provide advocacy for Fairview VAS consumers both at the FDC and in the community.

Porterville

The ability to provide a stipend has a direct relationship on recruitment and retention of Advocates. Many Advocates do not reside in Porterville and travel several miles to provide advocacy services. If the stipend reimbursement were no longer provided, it would negatively influence the amount and quality of services to clients at PDC.

Sonoma

The stipend is very important in the recruitment and retention of Advocates. With the increase in transitional activities, the Advocates are participating in more transitional meetings and six plus face-to-face meetings after VAS consumers move into the community. Many of the potential Advocates that are referred to the coordinator are retirees interested in meaningful volunteer work, and in need of supplementing their income. It would be difficult to recruit and retain Advocates without a stipend.

VI. Barriers, Observations and Recommendations

Canyon Springs

- Despite sending out letters to the Regional Centers VASC is not being notified of incident reports on a regular basis. While attending a required meeting or during the phone contacts, the Advocate is told of behavior incidences. VASC continues to have conversations with regional center liaisons and South Coast Regional Projects to remind them of the need for Advocacy Services being provided all scheduling and information regarding residents. VASC contacts Regional Center liaisons and providers for information. SCRIP is always available with information when VASC requests it.
- VASC discussed with Executive Director on several occasions that certain staff were blocking the Advocates from seeing their residents. Staff has been stating to the Advocates that the resident said they do not want to see the Advocate. The VASC is asked daily by residents when they will see their Advocate so it is very rare when the resident does not want to see the Advocate. Staff has stated there are staffing shortages and that is why they cannot bring their resident out of the unit for a visit. Advocates have recorded wait times as much as 45 minutes before the staff escorts their residents for a visit. VASC addressed this as unacceptable with the ED verbally and in writing. ED provided confidence that staff respects our Advocates. VASC explained the Advocates should not have to wait long periods of time and that they will need full access to all areas of the facility for all Advocates if the blocking continues. Improvement noted.
- Residents at Canyon Springs are involved in daily scheduled outings and are not always on site. Sometimes residents are out of the facility working in the community. Staff will state that the resident is working but the resident is not at work. Advocates must wait until staff confirms where the resident is located.

Observations:

- There is frequent hiring of staff at CS. VAS Coordinator asked OPS if they could provide a picture collage of advocates to distribute to new staff. OPS suggested that VASC take pictures of Advocates. At the same time, pictures of residents could be updated too, and a new collage of their pictures could be distributed.

Fairview

- Some VAS Advocates are unable to travel outside of Orange County for follow-up with VAS consumers moving into other counties. Therefore, the VAS Coordinator has been attending VAS consumers meetings. Additionally, the VAS office may not be notified of scheduled quarterly meetings in the community as cases are often transferred to the Regional Center facility liaison that may be unaware of involvement of VAS program for those consumers. Some of the quarterly meetings do not correspond with the program's required timeframes. The required face to face meetings may be on different days of the scheduled quarterly meetings. All VAS Advocates continue to be encouraged to accompany the South Coast Regional Project staff during all follow-up meetings for VAS consumers. The VAS Coordinator will remain in contact with Regional Center DC liaisons and the new Regional Center workers assigned to each VAS consumer. If quarterly meetings are different than the required face to face meetings, advocates have been requested to contact SCRCP transition workers to request participating in the quarterly meetings via teleconference.
- Despite sending out letters to the regional centers and providing SCRCP with a current VAS caseload list, the VAS program still is not being notified of Special Incident Reports on a regular basis. We may hear of incidents in passing but we are not getting the SIRs. The VAS Coordinator continues to have conversations with regional center liaisons and SCRCP transition workers to remind them of the need for Advocacy Services being provided with SIRs.
- Staff shortages and unfamiliar staff at FDC continue to have a negative impact on the quality of services for VAS consumers.
- There continues to be a lack of meaningful day programs and jobs for VAS clients who are placed in the community. As a result, the residential home staff are tasked to provide alternate and community integration activities for the consumers while waiting for day programs to start.
- Residential and day program providers are having difficulties in hiring staff which delays services due to lack of staffing.

- To ensure community placement stability there needs to be improved behavior/crisis plans for consumers who have behaviors which may jeopardize their success in the community.

Porterville

- Some VAS Advocates are unable to travel to visit clients in the community. Porterville has two Advocates who see clients who have transitioned. However, they cannot see those clients who have been placed outside of a 100-mile radius. Therefore, the VAS Coordinator attends the meetings/contacts for the VAS clients outside of that radius.
- Despite sending out letters to the Regional Centers and notifying community homes Administrators VAS is not being notified of Special Incident Reports on a regular basis. While attending a required meeting or during the phone contacts, the Volunteer Advocate is told of the SIR. VAS Coordinator continues to have conversations with Regional Center liaisons, Porterville Regional Project, and community care home Administrators to remind them of the need for Advocacy Services being provided SIRs.
- Despite multiple requests for notification of any meetings for consumers residing in the community there continues to be a lack of communication between VAS and Regional Centers. Porterville Regional Project has recently stepped up their communication efforts and meeting schedules are being sent to the VAS Coordinator.

Sonoma

Facilitating communication: Coordinator advocates for better communication between SDC staff, residential service providers, regional center case managers, and Advocates regarding changes in medical, medication, procedures, and general health condition. Coordinator assures that the DC Social Workers and Advocates have current contact information.

Staff shortages continue to have a negative impact affecting the quality of services for VAS consumers. With familiar staff leaving, client specific knowledge is sometime lost. The loss of familiar staff also reduces the quality of cross training with residential provider staff. In some cases, when unfamiliar staff are assigned to behavioral units there are increases in VAS consumer's behaviors.

Often day program services are not available for VAS consumers when they are placed in the community. In some cases, months pass before VAS consumers receive day program services. The residential service provider's staff provide activities and

community integration activities for VAS consumers waiting for day programs to begin. These services provide less than optimal socialization and community access activities.

Another barrier for VAS consumers is the residential and day program providers are having difficulties in hiring staff. This causes delays in community placement and day programming available for VAS consumers. By December 2018, all VAS consumers moved from SDC the delays caused anxiety in some of the VAS consumers. Some VAS consumers are still waiting for day program services mainly due to lack of staffing.

Lack of dental services in the community is an ongoing problem. The SDC dental clinic will be available to VAS consumers until June of 2019. In some areas there is a two year wait for consumers that need IVGA for dental work. Regional Centers are aware of lack of community dental services for VAS consumers. Some Regional Centers are providing mobile dental services.

SCDD VAS SERVICES ROSTER

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